| Complete and se  | end this form, toget   | her with applicabl  | P.<br>Al  | ail Stop ISSUE<br>ommissioner fo<br>O. Box 1450<br>exandria, Virg<br>71)-273-2885   | r Patents                                    |   |   |  |
|--|--|---|---|---|--|---|---|--|
| INSTRUCTIONS: This application of the control of th | s form should be used in<br>correspondence including<br>ted below or directed other<br>ations. | for transmitting the ISS of the Patent, advance of the Patent, advance of the Patent, advance of the Patent I, by ( | UE FEE and PUBLICAT<br>orders and notification of<br>(a) specifying a new corre   | TION FEE (if requirements fees verspondence address   | ired). Block<br>will be mail<br>; and/or (b) | ed to the current of<br>indicating a separ                      | ould be completed<br>correspondence ad<br>rate "FEE ADDRE |  |
|  | 7590 04/01   | ock I for any change of address)  | For pay hav   | le: A certificate of (S) Transmittal. The less additions we its own certificate certify that the respect of the Main smitted to the USP insmitted to the USP  | is certificate il paper, suc c of mailing    | e cannot be used for<br>the same assignment<br>or transmission. | n any other accom<br>it or formal drawin<br>nission       |  |
| Church Street S  | tation<br>10008-0770<br>NNDARI 00000002 04(  | 0100 10540293   | tras  | nsmitted to the USP   | TO (571) 2                                   | 73-2885, on the da  | te indicated below.                                       |  |
| 01 FC:1501   | 1440.00 DA   |   |   |   |  |   | (5)   |  |
|  |  |   |   | Via EFS   |  |   |   |  |
| APPLICATION NO.  | FILING DATE  |   | FIRST NAMED INVENTOR  | 2   | ATTORNE                                      | Y DOCKET NO.  | CONFIRMATION  |  |
|  | N: METHOD FOR REMO   |   | Inunio and  | DDIEN BANK SCOT   | 7 enn 1 =                                    |   |   |  |
| APPLN. TYPE  | SMALL ENTITY   | ISSUE FEE DUE   | PUBLICATION FRE DUE   |   | E PEE T                                      | OTAL FRE(S) DUE   | DATE DUI  |  |
| nonprovisional   | NO   | \$1440  | \$0   | \$1440<br>¬   |  | \$1440  | 07/01/200   |  |
| EXAMINER   |  | ART UNIT  | CLASS-SUBCLASS  | J   |  |   |   |  |
|  | I, PETER A<br>lence address or indication  | 1797  | 210-698000  2. For printing on the  |   |  |   | ,   |  |
| CFR 1.363).  Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.   |  |   | or agents OR, alternative (2) the name of a sing registered attorney or 2 registered patent attorney.                                       | (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.  2 Shelly M. Fujikawa, |  |   |   |  |
| PLEASE NOTE: Un<br>recordation as set for<br>(A) NAME OF ASSI<br>Lonza, Inc<br>Reel/Frame  | less an assignee is ident<br>th in 37 CFR 3.11. Comp<br>GNEE<br>                               | ified below, no assignee<br>eletion of this form is NC  | THE PATENT (print or by a data will appear on the put a substitute for filing an (B) RESIDENCE: (CITTED FAIR Lawn, Note that the patent):   | patent. If an assign<br>assignment.<br>Y and STATE OR C   | COUNTRY)                                     |   |   |  |
|  | are submitted:  No small entity discount p # of Copies   | crmitted)   | b. Payment of Foe(s): (Ple A check is enclosed. Payment by credit ca The Director is hereboverpayment, to Depo                              | rd. Form PTO-2038   | is attached                                  | 1.  | •   |  |
| a. Applicant clain   | tus (from status indicated<br>as SMALL ENTITY statu  | s. Sec 37 CFR 1.27.   | b. Applicant is no lon  |   |  |   |   |  |
| nterest as shown by the  | records of the United Sta  | tes Patent and Trademark  | ed from anyone other than<br>k Office.  | and applicant a regi  |  | noy or agent; or the  | essignes or other   |  |
| Authorized Signature   | Millia   | Ulm.  |   | Date June   | e 26, 2                                      | 008   |   |  |
|  | e Lydia G. Ol  | son, Ph.D.  | ·   | Registration N  |  | 487   |   |  |
| Typed or printed nam   |  |   | on is required to obtain or<br>I.14. This collection is es<br>y depending upon the indi-<br>ne Chief Information Offic<br>COMPLETED FORMS T |   |  |   |   |  |

Adjustment date: 06/27/2008 SSANDAR1
PTOL-841(45/2008) PHTEP 94 (-0000) PROSE 04871(1/2010) 10540293
01 FC:1501 1440.00 CR